

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Kui YAO et al

Serial No: 10/619402

Confirmation No: 7143

Filed: July 15, 2003

For: Micromachined Electromechanical Device

Art Unit: 2823

Examiner: Coleman, William D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
July 28, 2005

Date of Deposit

Juanita Soberanis

Name

Signature: *Juanita Soberanis* 07/28/05

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Amendment.
☒ Return postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	15	-	26**	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	5	-	3***	2	LG=\$200 SM=\$100	\$200	\$ 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$ 0
Independent Claims: 2, 5, 6, 11 and 14							TOTAL \$ 400

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge **\$400** to cover the additional independent claims fee and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

08/02/2005 AKELECH1 00000046 501314 10619923

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Date: July 28, 2005

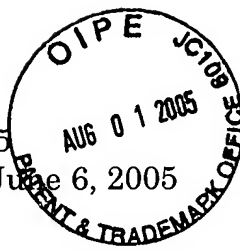
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Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer
Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Appl. No. 10/619,923
Amdt. dated July 28, 2005
Reply to Office Action of June 6, 2005



Atty. Ref. 83377.0009
Customer No. 26021

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AMENDMENT

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Dear Sir:

In response to the Office Action dated June 6, 2005, please amend this
application as follows:

Amendments to the Claims are reflected in the listing of claims which
begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.